

2401

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Scherr  
Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
COUNTY Maricopa STATE ARIZONA STATE FILE NO. 287  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ REGISTERED NO. 101  
CITY 4 Miles E. of Mesa NO. \_\_\_\_\_ OR \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) ST. \_\_\_\_\_ WARD \_\_\_\_\_

2. FULL NAME Mattie Marie Murray  
(A) RESIDENCE: NO. Mesa, Arizona ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. L. Murray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS 56 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. \_\_\_\_\_ OR \_\_\_\_\_ MIN. \_\_\_\_\_

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. \_\_\_\_\_

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ark.

13. NAME England

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ark.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ark.

17. INFORMANT (ADDRESS) Eoy Murray

18. BURIAL, CREMATION, OR REMOVAL PLACE Mesa, Ariz. DATE 5-24-37 19. \_\_\_\_\_

19. EMBALMER { LICENSE NO. 178-A SIGNATURE Jess Meldrum  
FUNERAL DIRECTOR Meldrum Mortuary  
ADDRESS Mesa, Arizona

20. FILED May 25, 1937 REGISTRAR \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 37

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM \_\_\_\_\_, 19\_\_\_\_, TO \_\_\_\_\_, 19\_\_\_\_; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8:30 A. M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Carcinoma of the head of Pancreas

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Secondary anemia

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? \_\_\_\_\_

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_, 19\_\_\_\_ WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_

MANNER OF INJURY \_\_\_\_\_ NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no IF SO, SPECIFY \_\_\_\_\_ (SIGNED) [Signature] M. D. \_\_\_\_\_ (ADDRESS) \_\_\_\_\_

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION